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| EA | United State | | otcy (| Court | | <u> </u> | | Voluntary | Petition |
|---|--|------------------------------------|---------------------------------|---|--------------------------------------|-----------------------------------|--|--|-----------------------------|
| Name of Debtor (if individual, enter Last, First, Mic | ddle): | | | Nan | ne of Joint D | ebtor (Spou | ise)(Last, First, Middl | e): | |
| Coppa, Nicholas V. | | | | | | | | | |
| All Other Names used by the Debtor in the lattification (include married, maiden, and trade names): NONE | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | | |
| Last four digits of Soc. Sec. or Indvidual-Taxpayer I. (if more than one, state all): 9857 | D. (ITIN) No./Compl | ete EIN | | | four digits of S | | vidual-Taxpayer I.l | D. (ITIN) No./Comple | te EIN |
| Street Address of Debtor (No. & Street, City, | and State): | | | | | f Joint Debtor | (No. & Stree | t, City, and State): | |
| 7 Line Road Malvern, PA | | amaon r | | | | | | | amaon n |
| | | ZIPCODE 19355 | | | | | | | ZIPCODE |
| County of Residence or of the Principal Place of Business: Cheste | r | | | | nty of Reside | ence or of the of Business: | | | |
| Mailing Address of Debtor (if different from st | | | | | | of Joint Debt | tor (if different | from street address): | |
| SAME | | | | | | | | | |
| | | ZIPCODE | | | | | | | ZIPCODE |
| Location of Principal Assets of Business Debt (if different from street address above): NOT APP | ı | | | | | ZIPCODE | | | |
| Type of Debtor (Form of organization) | Nature (| of Business | S | | Chapter | of Bankrupt (Check on | • | Which the Petition | n is Filed |
| (Check one box.) | Health Care Bus | | | | Chapter 7 | ` | ☐ Ch | napter 15 Petition fo | |
| ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. | Single Asset Re | | ned | <u> </u> | Chapter 9 Chapter 1 | | O | f a Foreign Main Pro | oceeding |
| Corporation (includes LLC and LLP) | in 11 U.S.C. § 1 | 01 (51B) | | | Chapter 1 | | □ Ch | napter 15 Petition fo a Foreign Nonmain | r Recognition |
| Partnership | Railroad | | | | Chapter 1 | | | | Proceeding |
| Other (if debtor is not one of the above | Stockbroker Commodity Bro | ker | | | Dabte are n | Nature of | ` | ck one box) | e ara primarily |
| entities, check this box and state type of entity below | Clearing Bank | | | Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an business debts. □ Debts are primarily business debts. | | | | | |
| | Other | | | | individual p or househol | | a personal, famil | y, | |
| Chapter 15 Debtors | | mpt Entity | y | | | Chap | oter 11 Debtors | : | |
| Country of debtor's center of main interests: | l · | , if applicable.) | 4: | | ck one box: | | | | |
| Each country in which a foreign proceeding by, | Debtor is a tax-e | | | | | | | J.S.C. § 101(51D). | 101/51D) |
| regarding, or against debtor is pending: | Code (the Interr | | | Шυ | ebtor is not a | small busine | ess debtor as defin | ned in 11 U.S.C. § 1 | 101(51D). |
| Filing Fee (Check | one boy) | | | Chec | ck if: | | | | |
| Filling Fee attached | one box) | | | Do | ebtor's aggre ved to insider | gate noncontr rs or affiliates | ingent liquidated a) are less than \$2 | debts (excluding de 2,490,925 (amount s | ebts ubiect to adiustmen |
| Filing Fee to be paid in installments (applicable t | | | | | | every three yea | | | , |
| attach signed application for the court's considera is unable to pay fee except in installments. Rule | , . | | | Chec | ck all applic | able boxes: | | | |
| Filing Fee waiver requested (applicable to chapte | er 7 individuals only) | Must | | l — | | g filed with t | his petition | | |
| attach signed application for the court's considerar | • | | | Acceptances of the plan were solicited prepetition from one or more | | | | | more |
| | | | | С | lasses of cred | ditors, in acco | ordance with 11 I | U.S.C. § 1126(b). | |
| Statistical/Administrative Information | | | | | | | | THIS SPACE IS FOR | COURT USE ONLY |
| Debtor estimates that funds will be available for | | | | 1 41 | | l:l-bl- f | | | |
| Debtor estimates that, after any exempt property distribution to unsecured creditors. | y is excluded and admi | inistrative exper | ises paid | i, there | will be no func | is available for | | | |
| Estimated Number of Creditors | | | | | | | | Ĭ | |
| 1-49 50-99 100-199 200-99 | | 5,001- | 10,001- | - | 25,001- 50,000 | 50,001- 100,000 | Over | | |
| Estimated Assets | 5,000 | 10,000 | 25,000 | | | 100,000 | 100,000 | H | |
| \$0 to \$50,001 to \$100,001 to \$500,0 | | \$10,000,001 | \$50,000 | | \$100,000,001 | \$500,000,001 | More than | | |
| \$50,000 \$100,000 \$500,000 to \$1 million | to \$10 million | to \$50 million | to \$100 million | | to \$500 million | to \$1 billion | \$1 billion | | |
| Estimated Liabilities | П | П | П | | П | | П | | |
| \$0 to \$50,001 to \$100,001 to \$500,00 \$50,000 \$100,000 \$500,000 to \$1 million | to \$10 | \$10,000,001 to \$50 million | \$50,000 to \$100 million |) | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | |

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| Di (Oinciai i oi iii i) (4/15) | | FOR | WI DI, I age 2 |
|--|---|---|-----------------------|
| Voluntary Petition (This page must be completed and filed in every case) | Name of Debtor(s): | | |
| | Nicholas V. Cop | | |
| All Prior Bankruptcy Cases Filed Within Last 8 Yo | Case Number: | tach additional sheet) | |
| Location Where Filed: | | Date Filed: | 1.4 |
| PENNSYLVANIA EASTERN Location Where Filed: | 14-16645 Case Number: | August 19, 20. Date Filed: | 14 |
| Location where riled. | Case Number. | Date Flied. | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of | ` | e than one, attach additional sheet) | |
| Name of Debtor: | Case Number: | Date Filed: | |
| NONE | D 1 (1 1) | | |
| District: | Relationship: | Judge: | |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) | I, the attorney for the petitioner have informed the petitioner that or 13 of title 11, United States (| Exhibit B the completed if debtor is an individual see debts are primarily consumer debts) named in the foregoing petition, declare that [he or she] may proceed under chapter 7. Code, and have explained the relief availability that I have delivered to the debtor the manner. | , 11, 12 ble under |
| Exhibit A is attached and made a part of this petition | \mathbf{I} | | |
| Exhibit A is attached and made a part of this petition | /s/ Robert J. 1 | | 4/ 7/2015 |
| | Signature of Attorney for Debtor | r(s) | Date |
| | Regarding the Debtor - Venue k any applicable box) siness, or principal assets in this Disthan in any other District. or partnership pending in this Distbusiness or principal assets in the Unt in an action proceeding [in a fed- | trict for 180 days immediately rict. | |
| | Resides as a Tenant of Resident | tial Property | |
| Landlord has a judgment against the debtor for possession of debto | applicable boxes.) or's residence. (If box checked, com | plete the following.) | |
| | (Name of landlord that | obtained judgment) | |
| | (Address of landlord) | | |
| Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possession | | | |
| Debtor has included with this petition the deposit with the court of period after the filing of the petition. | any rent that would become due du | aring the 30-day | |
| ☐ Debtor certifies that he/she has served the Landlord with this certif | fication. (11 U.S.C. § 362(l)). | | |

Case 15-12430-amc Doc 1 Filed 04/08/15 Entered 04/08/15 16:41:30 Desc Main B1 (Official Form 1) (4/13) Document Page 3 of 67 FORM B1, Page 3 Name of Debtor(s): **Voluntary Petition** (This page must be completed and filed in every case) Nicholas V. Coppa **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts petition is true and correct, that I am the foreign representative of a debtor and has chosen to file under chapter 7] I am aware that I may proceed in a foreign proceeding, and that I am authorized to file this petition. under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to (Check only one box.) proceed under chapter 7. I request relief in accordance with chapter 15 of title 11, United States [If no attorney represents me and no bankruptcy petition preparer Code. Certified copies of the documents required by 11 U.S.C. § 1515 signs the petition] I have obtained and read the notice required by are attached. 11 U.S.C. §342(b) Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States chapter of title 11 specified in this petition. A certified copy of the Code, specified in this petition. order granting recognition of the foreign main proceeding is attached. X /s/ Nicholas V. Coppa Signature of Debtor (Signature of Foreign Representative) Signature of Joint Debtor (Printed name of Foreign Representative) Telephone Number (if not represented by attorney) 4/ 7/2015 (Date) Signature of Attorney* Signature of Non-Attorney Bankruptcy Petition Preparer X /s/ Robert J. Lohr II I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Signature of Attorney for Debtor(s) compensation and have provided the debtor with a copy of this document Robert J. Lohr II 75676 and the notices and information required under 11 U.S.C. \S 110(b), 110 (h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. \S 110(h) setting a maximum fee for services Printed Name of Attorney for Debtor(s) bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Lohr & Associates, Ltd. Firm Name 1246 West Chester Pike Suite 312 West Chester, PA 19382 Printed Name and title, if any, of Bankruptcy Petition Preparer (610) 701-0222 Telephone Number Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, 4/ 7/2015 responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Address Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. Signature of Authorized Individual Printed Name of Authorized Individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. Title of Authorized Individual

Date

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| Fill in this information to identify your case: | | | | | | | |
|---|---|-------------|-------------|-----------|--|--|--|
| Debtor 1 | Nicholas V. Coppa First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | United States Bankruptcy Court for the: | | District of | PENNSYLVA | | | |
| Case number (If known) | | | | (Ciato) | | | |

☐ Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$<u>1249.00</u>

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1

First Name

Document Nicholas V. Coppa

Last Name

Middle Name

| People who are under 65 years of age | ¢ 60.00 |
|---|--|
| 7a. Out-of-pocket health care allowance p | per person Ψ———— |
| 7b. Number of people who are under 65 | X _ 3.00 |
| 7c. Subtotal. Multiply line 7a by line 7b. | \$180.00 Copy line 7c here \$180.00 |
| People who are 65 years of age or older | er |
| 7d. Out-of-pocket health care allowance p | per person \$144.00_ |
| 7e. Number of people who are 65 or older | x <u>0.00</u> |
| 7f. Subtotal. Multiply line 7d by line 7e. | \$O.00 Copy line + \$O.00 |
| 7g. Total . Add lines 7c and 7f | \$\frac{180.00}{here}\$\tag{Copy total}{here}\$7g. \$\frac{180.00}{} |
| Local You must use the IRS Local Standards | andards to answer the questions in lines 8-15. |
| 8. Housing and utilities – Insurance and operathe dollar amount listed for your county for insurance and utilities – Mortgage or rent expected. 9a. Using the number of people you entered listed for your county for mortgage or 9b. Total average monthly payment for all your home. | U.S. Trustee Program chart. To find the chart, go online using the link form. This chart may also be available at the bankruptcy clerk's office. ating expenses: Using the number of people you entered in line 5, fill in surance and operating expenses. penses: ed in line 5, fill in the dollar amount rent expenses. \$ 1920.00 mortgages and other debts secured by |
| To calculate the total average monthly contractually due to each secured crebankruptcy. Next divide by 60. | y payment, add all amounts that are ditor in the 60 months after you file for |
| Name of the creditor | Average monthly payment |
| CitiMortgage | \$ <u>2150</u> |
| National Bank of Malvern | \$ 656 |
| 9b.Total average monthly payment | + \$ 0 \$ 2806.00 |
| 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly pa expense). If this number is less than \$0, e | |
| 10. If you claim that the U.S. Trustee Program's the calculation of your monthly expenses, Explain why: | s division of the IRS Local Standard for housing is incorrect and affects \$ 0.00 |

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| De | htor | 1 |
|----|------|---|

Nicholas V. Coppa

Document

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First Name Middle Name

Last Name

| expenses, fill in | on expense: Using the IRS Long the Operating Costs that apply | | | | | im the operating | \$ 299.00 |
|---|---|---|-----------------|--------------------------|--------|----------------------------------|------------------------------------|
| vehicle below. Y | hip or lease expense: Using ou may not claim the expense e expense for more than two | if you do not make any | | | | | |
| Vehicle 1 | Describe Vehicle 1: | | | | | | |
| | ship or leasing costs using IRS e monthly payment for all deb | | 13a. | \$ | 517.00 | | |
| Do not To cald add all | include costs for leased vehic ulate the average monthly pa amounts that are contractually in the 60 months after you file | les. yment here and on line 1 y due to each secured | 3e, | | | | |
| Name of e | ach creditor for Vehicle 1 | Average monthly payment | | | | | |
| | | | | | | | |
| | | \$ | Copy13b here | - \$ | 0.00 | Repeat this amount on line 33b. | |
| | nicle 1 ownership or lease exp at line 13b from line 13a. If this | pense | here → | - \$ | 517.00 | | \$ 517.00 |
| | · · · · | pense | here → | \$ | | on line 33b. Copy net Vehicle 1 | \$517.00 |
| Subtract Vehicle 2 | t line 13b from line 13a. If this | pense s number is less than \$0, | here → | - \$ \$ \$ | | on line 33b. Copy net Vehicle 1 | \$ 517.00 |
| Vehicle 2 13d. Owners 13e. Average | Describe Vehicle 2: | pense s number is less than \$0, s Local Standard ts secured by Vehicle 2. | enter \$0. 13c. | - \$\$ | 517.00 | on line 33b. Copy net Vehicle 1 | \$ 517.00 |
| Vehicle 2 13d. Owners 13e. Average Do not | Describe Vehicle 2: hip or leasing costs using IRS emonthly payment for all debt | pense s number is less than \$0, s Local Standard ts secured by Vehicle 2. | enter \$0. 13c. | - \$\$ | 517.00 | on line 33b. Copy net Vehicle 1 | \$517.00 |
| Vehicle 2 13d. Owners 13e. Average Do not | Describe Vehicle 2: hip or leasing costs using IRS emonthly payment for all debt include costs for leased vehicle. | bense s number is less than \$0, s Local Standard ts secured by Vehicle 2. eles. | enter \$0. 13c. | - \$ \$ - \$ | 517.00 | on line 33b. Copy net Vehicle 1 | \$517.00 |
| Vehicle 2 13d. Owners 13e. Average Do not Name of each | Describe Vehicle 2: hip or leasing costs using IRS emonthly payment for all debt include costs for leased vehicle. | S Local Standard ts secured by Vehicle 2. cles. Average monthly payment 0.00 pense | enter \$0. 13c. | - \$ \$ - \$ \$ | 0.00 | Copy net Vehicle 1 expense here→ | \$ <u>517.00</u> \$ <u>0.00</u> |

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Debtor 1

Nicholas V. Coppa

First Name Middle Name

Last Name

| Other Necessary Expenses | In addition to the experion following IRS categor | ense deductions listed above, you are allowed your monthly expenses for these. | ne |
|---|---|---|--------------------------|
| employment taxes, your pay for these to | social security taxes, and laxes. However, if you expe | ually pay for federal, state and local taxes, such as income taxes, self- Medicare taxes. You may include the monthly amount withheld from ect to receive a tax refund, you must divide the expected refund by 12 ly amount that is withheld to pay for taxes. | \$ <u>1660.00</u> |
| Do not include real | estate, sales, or use taxes | • | |
| 17. Involuntary deduc t union dues, and uni | | ayroll deductions that your job requires, such as retirement contributions, | |
| Do not include amo | unts that are not required | by your job, such as voluntary 401(k) contributions or payroll savings. | \$0.00 |
| together, include pa Do not include prem | yments that you make for liums for life insurance on | hat you pay for your own term life insurance. If two married people are filing your spouse's term life insurance. your dependents, for a non-filing spouse's life insurance, or for any form of | |
| insurance other that | | | φ <u> </u> |
| agency, such as spo | ousal or child support payr | amount that you pay as required by the order of a court or administrative nents. ons for spousal or child support. You will list these obligations in line 35. | \$0.00 |
| . , | | | |
| as a condition for | your job, or | u pay for education that is either required: ependent child if no public education is available for similar services. | \$0.00 |
| | | pay for childcare, such as babysitting, daycare, nursery, and preschool. or secondary school education. | \$0.00 |
| required for the hea savings account. In | Ith and welfare of you or y clude only the amount that | g insurance costs: The monthly amount that you pay for health care that is our dependents and that is not reimbursed by insurance or paid by a health is more than the total entered in line 7. gs accounts should be listed only in line 25. | |
| you and your depen service, to the exter is not reimbursed by Do not include payn | dents, such as pagers, ca it necessary for your healt y your employer. nents for basic home telep | es: The total monthly amount that you pay for telecommunication services for Il waiting, caller identification, special long distance, or business cell phone h and welfare or that of your dependents or for the production of income, if whone, internet or cell phone service. Do not include self-employment Form 22C-1, or any amount you previously deducted. | |
| 24. Add all of the expe Add lines 6 through | | IRS expense allowances. | \$_4777.00 |
| Additional Expense Deductions | | onal deductions allowed by the Means Test. lude any expense allowances listed in lines 6-24. | |
| 25 Health insurance | | health savings account expenses. The monthly expenses for health rings accounts that are reasonably necessary for yourself, your spouse, or you | 10115 |
| | insurance, and health sav | rings accounts that are reasonably necessary for yourself, your spouse, or y | /oui |
| insurance, disability | · | \$298.00_ | /oui |
| insurance, disability dependents. | 9 | 200.00 | /oui |
| insurance, disability dependents. Health insuranc | e nce | \$298.00_ | /oui |
| insurance, disability dependents. Health insuranc Disability insura | e nce | \$ 298.00 \$ 0.00 | |
| insurance, disability dependents. Health insuranc Disability insura Health savings a | e nce account | \$ 298.00 \$ 0.00 + \$ 0.00 | |
| insurance, disability dependents. Health insurance Disability insura Health savings a Total Do you actually | e nce | \$ 298.00 \$ 0.00 + \$ 0.00 | |
| insurance, disability dependents. Health insurance Disability insurar Health savings at Total Do you actually No. How much of Yes 26. Continuing contributions continue to pay for the savings at the | e nce account spend this total amount? do you actually spend? utions to the care of hou | \$ 298.00 \$ 0.00 + \$ 0.00 \$ 298.00 Copy total here | \$ <u>298.00</u> |
| insurance, disability dependents. Health insurance Disability insurare Health savings a Total Do you actually No. How much of Yes 26. Continuing contribution continue to pay for the household or member 27. Protection against | e nce account spend this total amount? do you actually spend? utions to the care of hou he reasonable and necess er of your immediate famil family violence. The rea | \$ | \$ 298.00 our \$ 0.00 |

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| 28. | Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. | | |
|-----|--|-----|------------|
| | If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. | | \$ 0.00 |
| | You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. | | |
| 29. | Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. | | \$ 0.00 |
| | You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. | | |
| | * Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment. | | |
| | Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. | | \$ 0.00 |
| | To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. | | |
| | You must show that the additional amount claimed is reasonable and necessary. | | |
| 31. | Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). | + , | 0.00 |
| | Do not include any amount more than 15% of your gross monthly income. | | |

32. Add all of the additional expense deductions.

Add lines 25 through 31.

298.00

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| | | | Avera | age monthly nent | | | |
|--|---|--|-------|---------------------|-----------------|-----|---------|
| Mortgages on your home | | | | | | | |
| 33a. Copy line 9b here | | ····· | \$ | 2806.00 | | | |
| Loans on your first two vehicles | | | | | | | |
| 33b. Copy line 13b here | | → | \$ | 0.00 | | | |
| 33c. Copy line 13e here | | | \$ | 0.00 | | | |
| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance? | | | | | |
| 33d | | Ľ No □Yes | \$ | 0.00 | | | |
| 33e | | ⊻ No □Yes | \$ | 0.00 | | | |
| 33f | | ☑No □Yes | + \$ | 0.00 | - | | |
| 33g. Total average monthly payment | . Add lines 33a through 33f | | \$ | 2806.00 | Copy total here | \$_ | 2806.00 |

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Debtor 1

Nicholas V. Coppa

Middle Name

Last Name

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

First Name

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount | | Monthly cure amount |
|----------------------|---|-------------------|--------|---------------------|
| Malvern Federal Bank | 7 Line Road, Malvern | \$_11,154.60 | ÷ 60 = | \$185.91_ |
| | | \$0.00 | ÷ 60 = | \$0.00_ |
| | | \$0.00 | ÷ 60 = | + \$0.00_ |

Total \$ 185.91

Copy total \$ 185.91 here →

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$10,464.00 $\div 60$ \$174.40

36. Projected monthly Chapter 13 plan payment

\$_____360.31

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x _0.08

Average monthly administrative expense

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$<u>3196.58</u>

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances.....

4777.00

Copy line 32, All of the additional expense deductions.....

\$ 298.00

Copy line 37, All of the deductions for debt payment.....

+\$___3196.58

Total deductions

\$_____8271.58_

Copy total \$ 8271.58 here →

Document Page 10 of 67 Case number (if known)_

| De | htor | 1 |
|----|------|---|

Nicholas V. Coppa

Part 2:

First Name

Middle Name Last Name

Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

| 39. | | | monthly income from line 14 of ent Monthly Income and Calcula | | | od | | | | \$ <u>8333.00</u> | |
|-----------------|--|---|---|--|---|--|----------------------|----------|--------------|---------------------|--|
| | The monthly ave payments for a continuous | erage of a dependen applicabl | ecessary income you receive for any child support payments, foster at child, reported in Part I of Form le nonbankruptcy law to the exter | care paymer 22C-1, that y | payments, or disability that you received in \$0.00 | | | | | | |
| | employer withhe | eld from w 641(b)(7) p | ment deductions. The monthly to rages as contributions for qualified blus all required repayments of loa 62(b)(19). | d retirement p | lans, as specifi | ied | \$ | 0.00 | | | |
| 12. | Total of all ded | uctions a | allowed under 11 U.S.C. § 707(b |)(2)(A) . Copy | line 38 here | - | \$ | 8271.58 | | | |
| 1 3. | and you have no expenses. You r | reasonal must give | rcumstances. If special circumst ble alternative, describe the spec your case trustee a detailed explanentation for the expenses. | ial circumstar | ices and their | enses | | | | | |
| | Describe the sp | ecial circu | umstances | Amo | unt of expense | | | | | | |
| | 43a | | | \$_ | 0.00 | | | | | | |
| | 43b | | | \$_ | 0.00 | | | | | | |
| | 43c | | | | 0.00 | | | | | | |
| | 43d. Total . Add | lines 43a | through 43c | \$_ | 0.00 | Copy 43d here | +\$ | 0.00 | - | | |
| | | | | | | → | | 8271.58 | Copy total | - \$ 8271.58 | |
| 14. | rotai adjustme | nts. Add I | lines 40 and 43d | | ••••• | . 7 | \$ | | here 🕇 | - \$0271.30 | |
| 1 5. | Calculate your | monthly o | disposable income under § 132 | 5(b)(2). Subt | act line 44 fror | m line 39. | | | | \$61.42 | |
| Р | art 3: Ch | ange in | Income or Expenses | | | | | | | | |
| 46 | have changed the time your o after you filed | or are virt case will b your petiti | expenses. If the income in Form 2 tually certain to change after the cle open, fill in the information beloon, check 22C-1 in the first column in when the increase occurred, a | date you filed w. For examp nn, enter line : | your bankruptoble, if the wage 2 in the second | cy petition s reported d column, e | and duri | ng ed | | | |
| | Form | Line | Reason for change | | Date of change | | rease or crease? | Amour | nt of change | | |
| | 22C-1 22C-2 | | | | | | Increase Decrease | \$ | 0.00 | | |
| | ☐ 22C—1 ☐ 22C—2 | | | | | _ | Increase Decrease | \$ | 0.00 | | |
| | ☐ 22C—1 ☐ 22C—2 | | | | | | Increase Decrease | \$ | 0.00 | | |
| | 2 20-2 | | | | | | | | | | |
| | 22C-2 22C-1 22C-2 | | | | | | Increase Decrease | \$ | 0 | | |
| | ☐ 22C-1 | | | | | | | \$ | 0 | | |

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Debtor 1 Nicholas V. Coppa Document Page 11 of 67
First Name Middle Name Last Name Page 11 of 67
Case number (if known)

| Part 4: | Sign Below | |
|---------------|---|--|
| By signing he | g here, under penalty of perjury you declare that the information on this statement a | nd in any attachments is true and correct. |
| Signature of | ure of Debtor 1 Signature of Debtor : | 2 |
| Date | 4/ 7/2015 MM / DD / YYYYY Date 4/ 7/2015 MM / DD / | |

Case 15-12430-amc Doc 1 Filed 04/08/15 Entered 04/08/15 16:41:30 Desc Main Document Page 12 of 67

| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|---------------|---------------------|--|--|--|--|
| Debtor 1 | Nicholas V. Coppa | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States E | Bankruptcy Court for the: | EASTERN | DISTRICT OF _ | PENNSYLVA State) | | | | |
| Case number (If known) | | | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | |
|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| ☑ 3. The commitment period is 3 years. | | | | | | |
| 4. The commitment period is 5 years. | | | | | | |

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | | |
|----|--|----------------------------|----------------------------|-------------------|----|--|-----|------|
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions). | commiss | ions (befor | e all | \$ | 8333.00 | \$_ | 0.00 |
| 3. | Alimony and maintenance payments. Do not include pay Column B is filled in. | ments fro | n a spouse | if | \$ | 0.00 | \$_ | 0.00 |
| 4. | All amounts from any source which are regularly paid f you or your dependents, including child support. Include an unmarried partner, members of your household, your de roommates. Include regular contributions from a spouse or in. Do not include payments you listed on line 3. | de regular e ependents, | contribution parents, a | ns from nd | \$ | 0.00 | \$_ | 0.00 |
| 5. | Net income from operating a business, profession, or f | arm | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | - \$ | 0.00 | _ | | | | |
| | Net monthly income from a business, profession, or farm | \$ | 0.00 | Copy here→ | \$ | 0.00 | \$_ | 0.00 |
| 6. | Net income from rental and other real property | | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | - \$ | 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here | \$ | 0.00 | \$ | 0.00 |

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 Doc 1
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 Entered 04/08/15 16:41:30
 Desc Main

 Nicholas V. Coppa
 Document
 Page 13 of 67 number (if known)

| | _ | | _ | | | | •••• |
|----------|---|---|-----|-------|-------|-----|------|
| Oobtor 1 | | 1 | ۷ic | chola | as V. | Cop | ра |

First Name Middle Name

Last Name

| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
|-----|--|---|--|---|
| 7. | Interest, dividends, and royalties | \$0.00 | \$0.00 | |
| 8. | Unemployment compensation | \$0.00 | \$0.00 | |
| | Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | | |
| | For you\$\$ | | | |
| | For your spouse \$\$ | | | |
| 9. | Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. | \$0.00 | \$0.00_ | |
| 10. | Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. | | | |
| | 10a | \$0 | \$0 | |
| | 10b | \$ | \$ | |
| | 10c. Total amounts from separate pages, if any. | + \$ | +\$ | |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ 8333.00 | \$ 0.00 | = \$8333.00 Total average monthly income |
| | Copy your total average monthly income from line 11. | | | \$8333.00 |
| 13. | Calculate the marital adjustment. Check one: | | | |
| | You are not married. Fill in 0 in line 13d. | | | |
| | | | | |
| | ☐ You are married and your spouse is filing with you. Fill in 0 in line 13d. | | | |
| | You are married and your spouse is filing with you. Fill in 0 in line 13d. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's syour dependents. | | | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's | support of someone otl | ner than you or | |
| | ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income | support of someone otl | ner than you or | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income necessary, list additional adjustments on a separate page. | support of someone other devoted to each pur | ner than you or | |
| | ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's syour dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incomnecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. | ne devoted to each pur | ner than you or | |
| | ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incomnecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a | ne devoted to each pur - \$ 0.00 - \$ 0.00 | ner than you or | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's syour dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incomnecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a | ne devoted to each pur - \$ 0.00 - \$ 0.00 | ner than you or | |
| 14. | ✓ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of incomnecessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a | support of someone of the devoted to each pure \$\frac{0.00}{\$0.00}\$ \$\frac{0.00}{\$0.00}\$ | ner than you or pose. If | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total | support of someone of the devoted to each pure \$\frac{0.00}{\$0.00}\$ \$\frac{0.00}{\$0.00}\$ | pose. If Copy here. 13d. | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's your dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total | support of someone of the devoted to each pure support of someone of the devoted to each pure support | copy here. → 13d. | |
| | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly or your dependents, such as payment of the spouse's tax liability or the spouse's syour dependents. In lines 13a-c, specify the basis for excluding this income and the amount of income necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 on line 13d. 13a. 13b. 13c. 13d. Total | support of someone of the devoted to each pure support of someone of the devoted to each pure support | copy here. → 13d. | \$ 8333.00 |

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Debtor 1

| Nicholas | ٧. | Coppa |
|----------|----|-------|
|----------|----|-------|

First Name Middle Name Last Name

| 16. | Calcu | late the median family income that applies to y | ou. Follow these steps: | | | | | |
|-----|---|--|--|------------|--------------------|--|--|--|
| | 16a. | Fill in the state in which you live. | PENNSYLV | | | | | |
| | 16b. | Fill in the number of people in your household. | 3.00 | | | | | |
| | | Fill in the median family income for your state and s To find a list of applicable median income amounts instructions for this form. This list may also be avail | | 16c. | \$ 71703.00 | | | |
| 17. | How | do the lines compare? | | | | | | |
| | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out <i>Calculation of Disposable Income</i> (Official Form 22C–2). | | | | | | | |
| | 17b. 🕻 | | age 1 of this form, check box 2, <i>Disposable income is determined</i> ation of Disposable Income (Official Form 22C-2). On line 39 e. | | | | | |
| Pa | rt 3: | Calculate Your Commitment Period L | Jnder 11 U.S.C. §1325(b)(4) | | | | | |
| 18. | Сору | your total average monthly income from line 11 | I | 18. | \$_8333.00 | | | |
| 19. | that c | | married, your spouse is not filing with you, and you contend § 1325(b)(4) allows you to deduct part of your spouse's | | | | | |
| | If the | marital adjustment does not apply, fill in 0 on line 1 | 9a. | 19a. | - \$ <u>0.00</u> | | | |
| | Subti | ract line 19a from line 18. | | 19b. | \$_8333.00_ | | | |
| 20. | Calcu | late your current monthly income for the year. | Follow these steps: | | | | | |
| | 20a. | Copy line 19b | | 20a. | \$8333.00_ | | | |
| | | Multiply by 12 (the number of months in a year). | | | x 12 | | | |
| | 20b. | The result is your current monthly income for the ye | ear for this part of the form. | 20b. | \$_99996.00_ | | | |
| | 20c. C | copy the median family income for your state and si | ize of household from line 16c | | \$ <u>71703.00</u> | | | |
| 21. | How | do the lines compare? | | | | | | |
| | | ne 20b is less than line 20c. Unless otherwise orde years. Go to Part 4. | ered by the court, on the top of page 1 of this form, check box 3, | The comm | nitment period is | | | |
| | | ne 20b is more than or equal to line 20c. Unless ot neck box 4, <i>The commitment period is 5 years</i> . Go | herwise ordered by the court, on the top of page 1 of this form, to Part 4. | | | | | |
| Pa | art 4: | Sign Below | | | | | | |
| | Ву | signing here, under penalty of perjury I declare tha | t the information on this statement and in any attachments is true | e and corr | ect. | | | |
| | × | | × | | | | | |
| | | Signature of Debtor 1 | Signature of Debtor 2 | | | | | |
| | | Date 4/ 7/2015 MM / DD / YYYY | Date 4/ 7/2015 MM / DD / YYYY | | | | | |
| | If y | ou checked 17a, do NOT fill out or file Form 22C–2 | 2. | | | | | |
| | If y | ou checked 17b, fill out Form 22C-2 and file it with | this form. On line 39 of that form, copy your current monthly income | ome from | line 14 above. | | | |

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA EASTERN DIVISION

| In re Nicholas | V. | Coppa | Case No. | |
|----------------|----|-----------|----------|------------|
| | | | | (if known) |
| | | | | |
| | | Debtor(s) | | |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

| 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. |
|--|
| 2. Within the 180 days before the filing of my bankruptcy case , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed. |
| 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] |

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| в 1D (Official Galage, 1555) 2436 amc Doc 1 Filed 04/08 Document | /15 Entered 04/08/15 16:41:30 Desc Main Page 16 of 67 |
|--|---|
| 4. I am not required to receive a credit counseling briefing becauments be accompanied by a motion for determination by the court.] Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impairs as as to be incapable of realizing and making rational decisions Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physical reasonable effort, to participate in a credit counseling briefing in Active military duty in a military combat zone. | ired by reason of mental illness or mental deficiency with respect to financial responsibilities.); cally impaired to the extent of being unable, after |
| 5. The United States trustee or bankruptcy administrator has do of 11 U.S.C. § 109(h) does not apply in this district. | • |
| Signature of Debtor: /s/ Nicholas | |
| Date: <u>4/ 7/2015</u> | |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA EASTERN DIVISION

| In re Nicholas V. Coppa | Case No. |
|-------------------------|------------|
| | Chapter 13 |
| | / Debtor |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data"if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | Attached (Yes/No) | No. of Sheets | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|------------------|---------------|-------------|
| A-Real Property | Yes | 1 | \$ 315,000.00 | | |
| B-Personal Property | Yes | 4 | \$ 3,229.00 | | |
| C-Property Claimed as Exempt | Yes | 2 | | | |
| D-Creditors Holding Secured Claims | Yes | 2 | | \$ 289,080.72 | |
| E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 3 | | \$ 35,160.68 | |
| F-Creditors Holding Unsecured Nonpriority Claims | Yes | 10 | | \$ 388,226.57 | , |
| G-Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H-Codebtors | Yes | 1 | | | |
| I-Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 5,497.00 |
| J-Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 5,041.16 |
| ТОТ | AL | 26 | \$ 318,229.00 | \$ 712,467.97 | |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA EASTERN DIVISION

| n re <i>Nicholas</i> | V. | Coppa | | | | Case No |). |
|----------------------|----|-------|--|--|--|---------|----|
| | | | | | | Chapter | 13 |
| | | | | | | | |
| | | | | | | | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C § 159)

/ Debtor

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------------|
| Domestic Support Obligations (from Schedule E) | \$ 14,853.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 20,307.68 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 39,231.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | s 74,391.68 |

State the following:

| Average Income (from Schedule I, Line 12) | \$5,497.00 |
|--|-------------|
| Average Expenses (from Schedule J, Line 22) | \$5,041.16 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | \$ 8,333.00 |

State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
|--|--------------|---------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | \$ 25,317.05 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 9,843.63 |
| 4. Total from Schedule F | | \$ 388,226.57 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 398,070.20 |

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| In re Nicholas V. Coppa | Case No. |
|-------------------------|------------|
| Debtor | (if known) |
| | |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

| I declare under penalty of perjury that I correct to the best of my knowledge, inf | ave read the foregoing summary and schedules, consisting of sheets, and that they are true and rmation and belief. |
|--|---|
| Date: 4/7/2015 | Signature /s/ Nicholas V. Coppa |
| | Nicholas V. Coppa |
| | |
| | [If joint case, both spouses must sign.] |
| Penalty for making a false statement or | oncealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 35 |
| | sheeding property. The or up to 4000,000 or improviment for up to 0 years or boars. To 0.0.0. 33 102 and oc |
| certify that I am a bankruptcy preparer as d | IRE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110 fined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor |
| certify that I am a bankruptcy preparer as dith a copy of this document. | IRE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110 |
| certify that I am a bankruptcy preparer as dith a copy of this document. | IRE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110 fined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor |
| certify that I am a bankruptcy preparer as dith a copy of this document. reparer: | IRE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110 fined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor |
| certify that I am a bankruptcy preparer as do th a copy of this document. reparer: | IRE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110 fined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor Social security No. : |
| certify that I am a bankruptcy preparer as dith a copy of this document. reparer: ames and Social Security numbers of all ot | IRE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110 fined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor Social security No. : |

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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| In re Nicholas V. Coppa | Case No. |
|-------------------------|------------|
| Debtor(s) | (if known) |

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | HusbandH WifeW JointJ CommunityC | Secured Claim or | Amount of Secured Claim |
|--|--|---|------------------|----------------------------|
| Residence located at 7 Line Road, Malvern, PA 19355. The value of this property is \$350,000. If the Debtor was to sell this property he would incur closing costs of approximately 10%, or \$35,000. Accordingly, the value stated is \$315,000.00. | | H | \$315,000.00 | \$289,080.72 |

TOTAL \$ (Report also on Summary of Schedules.)

315,000.00

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| In re Nicholas V. Coppa | . Case No. |
|-------------------------|------------|
| Debtor(s) | (if known |

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | N o n e | Description and Location of Property | Husband Wife Joint Community | W tJ | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|---|------------------|---|---------------------------------------|---------|--|
| 1. Cash on hand. | | Cash Location: In debtor's possession | | | \$20.00 |
| Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Checking Account with National bank of Malvern, Account #XXX1996 Location: In debtor's possession | | | \$50.00 |
| | | Savings Account with National Bank of Malvern Location: In debtor's possession | | | \$5.00 |
| Security deposits with public utilities, telephone companies, landlords, and others. | x | | | | |
| Household goods and furnishings, including audio, video, and computer equipment. | | Household Goods comprised of 2 couches, 2 televisions, stereo, DVD player, 4 book cases, dining room table with 8 chairs, kitchen table with 6 chairs, 3 beds, 6 dressers, 2 night stands, coffee table, 12 lamps, washer & dryer, microwave, refrigerator, garden tools, lawn mower, mechanic's tools, woodworking tools, computer, printer, 4 desks, wicker furnituand 2 upolstered chairs. Location: In debtor's possession | | | \$1,500.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Books and Framed Prints comprised of approximately 500 books and 5 framed print Location: In debtor's possession | :s | | \$350.00 |

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| In re Nicholas V. Coppa | . Case No. |
|-------------------------|------------|
| Debtor(s) | (if knowr |

SCHEDULE B-PERSONAL PROPERTY

| | | (Continuation Sheet) | | | |
|--|--------|--|----------------------------|----|---|
| Type of Property | N o | Description and Location of Property | Husband | | Current Value of Debtor's Interest, in Property Without Deducting any |
| | n e | | Wife Joint Community | tJ | Secured Claim or Exemption |
| 6. Wearing apparel. | | Wardrobe Location: In debtor's possession | | | \$200.00 |
| 7. Furs and jewelry. | | Jewelry comprised of non-working watches an gold thimble Location: In debtor's possession | ad | | \$300.00 |
| Firearms and sports, photographic, and other hobby equipment. | | Sports and Photographic Equipment comprised of two bicycles and one camera Location: In debtor's possession | 1 | | \$450.00 |
| Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | x | | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | | |
| 11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).) | X | | | | |
| Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | | |
| Stock and interests in incorporated and unincorporated businesses. Itemize. | | Member's Interest - 60% member's interest i Nanomaterials Company, LLC. At the time of the Debtor's divorce the value of this company was \$0.00. Location: In debtor's possession | .n | | \$1.00 |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | | |
| Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | | |
| 16. Accounts Receivable. | X | | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | x | | | | |
| Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | | |
| | | | | | |

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| In re Nicholas V. Coppa | . Case No. |
|-------------------------|------------|
| Debtor(s) | (if knowr |

SCHEDULE B-PERSONAL PROPERTY

| Type of Property | N o | Description and Location of Property | | | Current Value of Debtor's Interest, in Property Without |
|---|--------|--|---------------------------------------|---------|--|
| | n e | | Husband Wife Joint Community | W :J | Deducting any Secured Claim or Exemption |
| Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | X | | | | |
| Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | | |
| Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | | Patent, with a co-inventor. The patent number is 8,695,293, and it is titled as "Control of the Particle Formation at the Nanoscale." The Debtor is a co-inventor of this patent with Robert J. Levis. This patent is not currently generating any revenue for the Debtor and will be valued a \$1.00. Location: In debtor's possession | | | \$1.00 |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | | |
| 25. Automobiles, trucks, trailers and other vehicles and accessories. | | Automobile - 1997 Chevrolet Sububan with approximately 335,000 miles in poor condition Location: In debtor's possession | | | \$322.00 |
| 26. Boats, motors, and accessories. | X | | | | |
| 27. Aircraft and accessories. | x | | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | | |
| 29. Machinery, fixtures, equipment and supplies used in business. | X | | | | |
| 30. Inventory. | X | | | | |

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| In re Nicholas V. Coppa | Case No. |
|-------------------------|-----------|
| Debtor(s) | (if known |

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| | | (Continuation Greet) | | | |
|---|-------------|---|----------------------------|---------|--|
| Type of Property | N o n | Description and Location of Property | Husband- Wife- Joint | -W J | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
| 31. Animals. | • | Animals - 3 cats of no particular pedigree Location: In debtor's possession | Community- | -0 | \$30.00 |
| 32. Crops - growing or harvested. Give particulars. | x | | | | |
| 33. Farming equipment and implements. | X | | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | | |
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| In re | | | | |
|-------|-------------|-----------|----------|------------|
| | Nicholas V. | Coppa | Case No. | |
| | | Debtor(s) | | (if known) |

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

☐ Check one box)

☐ 11 U.S.C. § 522(b) (2)

☐ 11 U.S.C. § 522(b) (3)

| Description of Property | Specify Law Providing each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemptions |
|--|--|----------------------------------|---|
| Residence located at 7 Line Road, Malvern, PA 19355. The value of this property is \$350,000. If the Debtor was to sell this property he would incur closing costs of approximately 10%, or \$35,000. Accordingly, the value stated is \$315,000.00. | 11 USC 522(d)(1) 11 USC 522(d)(5) | \$ 22,975.00 \$ 1,118.00 | \$ 315,000.00 |
| Cash | 11 USC 522(d)(5) | \$ 20.00 | \$ 20.00 |
| Checking Account with National bank of Malvern, Account #XXX1996 | 11 USC 522(d)(5) | \$ 50.00 | \$ 50.00 |
| Savings Account with National Bank of Malvern | 11 USC 522(d)(5) | \$ 5.00 | \$ 5.00 |
| Household Goods comprised of 2 couches, 2 televisions, stereo, DVD player, 4 book cases, dining room table with 8 chairs, kitchen table with 6 chairs, 3 beds, 6 dressers, 2 night stands, coffee table, 12 lamps, washer & dryer, microwave, refrigerator, garden tools, lawn mower, mechanic's tools, woodworking tools, computer, printer, 4 desks, wicker furniture and 2 upolstered chairs. | 11 USC 522(d)(3) | \$ 1,500.00 | \$ 1,500.00 |
| Page No. <u>1</u> of <u>2</u> | Subtotal: | \$ 25,668.00 | \$ 316,575.00 |
| · · · · · · · · · · · · · · · · · · · | Total: | | |

^{*} Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| In | re | |
|----|----|--|

| Nicholas V. Coppa | Case |
|-------------------|------|
| Debtor(s) | , |

(if known

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

| | (Continuation Sheet) | | | |
|---|--|-----------|----------------------------------|---|
| Description of Property | Specify Law Providing each Exemption | | Value of Claimed Exemption | Current Value of Property Without Deducting Exemptions |
| Books and Framed Prints comprised of approximately 500 books and 5 framed prints | 11 USC 522(d)(3) | | \$ 350.00 | \$ 350.00 |
| Wardrobe | 11 USC 522(d)(3) | | \$ 200.00 | \$ 200.00 |
| Jewelry comprised of non- working watches and gold thimble | 11 USC 522(d)(4) | | \$ 300.00 | \$ 300.00 |
| Sports and Photographic Equipment comprised of two bicycles and one camera | 11 USC 522(d)(3) | | \$ 450.00 | \$ 450.00 |
| Member's Interest - 60% member's interest in Nanomaterials Company, LLC. At the time of the Debtor's divorce the value of this company was \$0.00. | 11 USC 522(d)(5) | | \$ 1.00 | \$ 1.00 |
| Patent, with a co-inventor. The patent number is 8,695,293, and it is titled as "Control of the Particle Formation at the Nanoscale." The Debtor is a co-inventor of this patent with Robert J. Levis. This patent is not currently generating any revenue for the Debtor and will be valued at \$1.00. | 11 USC 522(d)(5) | | \$ 1.00 | \$ 1.00 |
| Automobile - 1997 Chevrolet Sububan with approximately 335,000 miles in poor condition | 11 USC 522(d)(2) | | \$ 322.00 | \$ 322.00 |
| Animals - 3 cats of no particular pedigree | 11 USC 522(d)(5) | | \$ 30.00 | \$ 30.00 |
| Page No. <u>2</u> of <u>2</u> | | Subtotal: | \$ 1,654.00 | \$ 1,654.00 |
| 1 1 age 110 01 | I | Total: | \$27,322.00 | \$318,229.00 |

^{*} Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6D (Official Form 6D) (12/07)

| In re Nicholas V. | . Coppa | | , | Case No. | |
|-------------------|---------|-----------|---|----------|-----------|
| | | Debtor(s) | _ | | if known) |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.) | Co-Debtor | Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien HHusband WWife JJoint CCommunity | | Contingent | Unliquidated | Disputed | Amount of Claim Without Deducting Value of Collateral | Unsecured Portion, If Any |
|---|-----------|--|------------------|------------|--------------|--------------------|--|------------------------------|
| Account No: 1377 Creditor # : 1 Citimortgage Inc P.O. Box 9438 Gaithersburg MD 20898 | X | 2002-04-19 Mortgage Lien Residence located at 7 Line Road, Malvern, PA 19355 | | | | | \$ 207,720.30 | \$ 0.00 |
| Account No: 1377 Representing: | | Value: \$ 315,000.00 Robert W. Williams, Esqu. Milstead & Associates, 1 220 Lake Drive East, Su: | LC | | | | | |
| Citimortgage Inc 1 continuation sheets attached | | Cherry Hill NJ 08002 Value: | Suk (Total of | f this | s pa | ge) I \$ | \$ 207,720.30 | \$ 0.00 |

Schedules.)

Statistical Summary of Certain Liabilities and Related Data) B6D (Official Form 6D) (12/07) - Cont.

| In re Nicholas V. Coppa | , Case No. |
|-------------------------|------------|
| Debtor(s) | (if known) |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

| Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.) | Co-Debtor | 0 V H- W- J | Pate Claim was Incurred, Nature f Lien, and Description and Market falue of Property Subject to Lien -Husband -Wife Joint -Community | | Contingent | Unliquidated | Disputed | naphrien | Amount of Claim Without Deducting Value of Collateral | Unsecured Portion, If Any |
|--|-----------|-------------------------|--|----------|------------|--------------|----------|----------|--|------------------------------|
| Account No: 1377 | | | | | | | | | | |
| Representing: Citimortgage Inc | | | Seterus, Inc. P.O. Box 2008 Grand Rapids MI 49501-200 | 8 | - | | | | | |
| | - | | Value: | | | | | | | |
| Account No: 0152 Creditor # : 2 National Bank of Malvern 2 South Warren Avenue Malvern PA 19355 | | | 3/31/2014 Mortgage Lien Residence located at 7 Line Road, Malvern, PA 19355 | | | | | | \$ 75, 4 55.52 | \$ 0.00 |
| | | | Value: \$ 315,000.00 | | | | | | | |
| Account No: 0152 Representing: National Bank of Malvern | | | William L. Howard, Esquir 18 West King Street Malvern PA 19355 | e | | | | | | |
| | | | Value: | | | | | | | |
| Account No: 9857 Creditor # : 3 Pennsylvania Department of Revenue Bankruptcy Division P.O. Box 280946 Harrisburg PA 17128-0946 | | | Tax Lien Residence located at 7 Line Road, Malvern, PA 19355 | | | | | | \$ 5,904.90 | \$ 0.00 |
| | | | Value: \$ 315,000.00 | | | | | | | |
| Account No: | | | Value: | | | | | | | |
| Sheet no. 1 of 1 continuation sheets | atta | che | d to Schedule of Creditors | Su | | | | | \$ 81,360.42 | \$ 0.00 |
| Holding Secured Claims | | | | (Total o | Т | ota | 1 9 | \$ | \$ 289,080.72 | \$ 0.00 |

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| In re_Nicholas V. Coppa | . Case No. |
|-------------------------|------------|

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or quardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If

entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily

the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal quardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of

the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507

☐ Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| In re_Nicholas V. Coppa | , | Case No. | |
|-------------------------|----------|----------|------------|
| Debtor(s) | | _ | (if known) |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Domestic Support Obligations

| Type of Priority for Claims Listed on This Sheet. | Τ | | Claim was Incurred and | | Ī | | | A | Amount | Amount not |
|---|-----------|----------------------|--|-------|--------------------------|---------------------|-------|--------------------|----------------------|------------------------------|
| Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.) | ebtor | | sideration for Claim | ngent | 1906 | Uniquidated | ופת | Amount of Claim | Entitled to Priority | Entitled to Priority, if any |
| (000 | Co-Debtor | JJoint CCommunity | | Conti | 1 | Unlig | ndeid | | | |
| Account No: 8598 Creditor # : 1 Chester County DRS 117 W Gay St West Chester PA 19380 | | 2013-07- Child St | | | | | | 14,853.00 | \$ 14,853.00 | \$ 0.00 |
| Account No: | | | | | | | | | | |
| Account No: | | | | | | | | | | |
| Account No: | | | | | | | | | | |
| Account No: | | | | | | | | | | |
| Sheet No. 1 of 2 continuation sheet attached to Schedule of Creditors Holding Priorit | | | (To st page of the completed Schedule E. F on Summar | | s p ta al a | age I \$ also |) _ | 14,853.00 | 14,853.00 | 0.00 |
| | | | n last page of the completed Schedule l | To | ta cab | l \$ | | | | |

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| ln re Nicholas V. Coppa | , Case No. | |
|-------------------------|------------|------------|
| Debtor(s) | - | (if known) |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

| Type of Priority for Claims Listed on This Sheet: | | (Continuation Sheet) Taxes and Certain Other D | ebts | Oī | we | d | to Governm | ental Units | ; |
|--|-----------|---|---------------------------|---------------------|---------------------------|-----------------|--------------------|-----------------------------------|--|
| Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.) | Co-Debtor | Date Claim was Incurred and Consideration for Claim HHusband WWife JJoint CCommunity | | Contingent | Inliquidated | disputed | Amount of Claim | Amount Entitled to Priority | Amount not Entitled to Priority, if any |
| Account No: 9857 Creditor # : 2 Pennsylvania Department of Revenue Bankruptcy Division P.O. Box 280946 Harrisburg PA 17128-0946 | | 2008-11 Personal Income Tax | | 0 | ח | | | \$ 10,464.05 | \$ 9,843.63 |
| Account No: | | | | | | | | | |
| Account No: | | | | | | | | | |
| Account No: | | | | | | | | | |
| Account No: | | | | | | | | | |
| Sheet No. 2 of 2 continuation shee attached to Schedule of Creditors Holding Priori | | (Use only on last page of the completed Schedule I | | his ot al | pag al S als | e) \$ | 20,307.68 | 10,464.05 | 9,843.63 |
| | | (Use only on last page of the completed Schedu | T ule E. If app | ot | al S | \$ | | 25,317.05 | 9,843.63 |

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| In re_Nicholas V. Coppa | _ , | Case No. | |
|-------------------------|-----|----------|------------|
| Debtor(s) | | _ | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | W\ JJ | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife oint Community | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|----------|---|------------|--------------|----------|-----------------|
| Account No: 9857 | | | 1999 | | | | \$ 1,848.67 |
| Creditor # : 1 American Express c/o Becket and Lee, LLP P.O. Box 3001 Malvern PA 19355 | | | Credit Card Charges | | | | |
| Account No: 3007 | | | 9/8/2006 | | | | \$ 6,628.92 |
| Creditor # : 2 American Express c/o Becket and Lee, LLP P.O. Box 3001 Malvern PA 19355 | | | Credit Card Charges | | | | |
| Account No: 2293 | | | 1999-01-12 | | + | | \$ 1,200.00 |
| Creditor # : 3 American Express P. O. Box 297871 Fort Lauderdale FL 33329 | | | Credit Card Charges | | | | . , |
| 9 continuation sheets attached | | | | Sub | tota | 2 1 | \$ 9,677.59 |

Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

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| In re Nicholas V. Coppa | , | Case No. | |
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| D = -4 = 1/= \ | | | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 2293 Representing: American Express | Co-Debtor | W' JJ | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community Thomas A. Lee III, Esquire Becket and Lee, LLP 16 General Warren Boulevard Malvern PA 19355 | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|----------|---|------------|--------------|----------------|-----------------|
| Account No: 3093 Creditor # : 4 American Express P. O. Box 297871 Fort Lauderdale FL 33329 | | | 1999-01-13 Credit Card Charges | | | | \$ 3,483.06 |
| Account No: 3093 Representing: American Express | _ | | Thomas A. Lee III, Esquire Becket and Lee, LLP 16 General Warren Boulevard Malvern PA 19355 | | | | |
| Account No: Creditor # : 5 American InfoSource, LP as Agent for Verizon P.O. Box 248838 Oklahoma City OK 73124-8838 | _ | | 1996 telephone service | | | | \$ 98.29 |
| Account No: Creditor # : 6 American InfoSource, LP as Agent for Verizon P.O. Box 248838 Oklahoma City OK 73124-8838 | | | 1996 telephone service | | | | \$ 83.93 |
| Sheet No. 1 of 9 continuation sheets attach Creditors Holding Unsecured Nonpriority Claims | ed t | o So | chedule of (Use only on last page of the completed Schedule F. Report also o Schedules and, if applicable, on the Statistical Summary of Certain Liabilitie | n Sur | Tota nma | al \$ ry of | \$ 3,665.28 |

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| In re_Nicholas V. Coppa | Case No. | |
|--|--------------|--|
| — • • • • • • • • • • • • • • • • • • • | - | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: Creditor # : 7 American InfoSource, LP as Agent for Verizon P.O. Box 248838 Oklahoma City OK 73124-8838 | Co-Debtor | JJ | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife oint Community 1996 telephone service | Contingent | Unliquidated | Disputed | Amount of Claim |
|---|-----------|-------|---|------------|--------------|----------|-----------------|
| Account No: Creditor # : 8 Anthony J. Coppa 122 Clearfield Avenue Norristown PA 19403-1658 | | | 2013 Personal Loan | | | | \$ 4,980.00 |
| Account No: Creditor # : 9 Anthony P. Coppa 784 South Highland Avenue Merion Station PA 19066 | | | 2013 Personal Loan | | | | \$ 10,000.00 |
| Account No: Creditor # : 10 Cerastes, LLC c/o Weinstein, Pinson & Riley, 2001 Western Avenue, Suite 400 Seattle WA 98121 | | | 10/1996 telephone services | | | | \$ 249.23 |
| Account No: 6676 Creditor # : 11 Chase P.O. Box 15298 Wilmington DE 19850 | | | 2003-03-26 Credit Card Charges | | | | \$ 2,741.00 |
| Sheet No. 2 of 9 continuation sheets attace Creditors Holding Unsecured Nonpriority Claims | hed t | to Sc | chedule of (Use only on last page of the completed Schedule F. Report Schedules and, if applicable, on the Statistical Summary of Certain Li | also on Su | Tot | al \$ | \$ 18,239.93 |

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| In re_Nicholas V. Coppa | , | Case No. | |
|-------------------------|---|----------|------------|
| Debtor(s) | | | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Oint Community | Contingent | Haliquidated | Disputed | Amount of Claim |
|--|-----------|-------|--|--------------|--------------|----------|-----------------|
| Account No: 3036 Creditor # : 12 Chase P.O. Box 15298 Wilmington DE 19850 | | | 2002-05-10 Credit Card Charges | | | | \$ 4,363.00 |
| Account No: 1495 Creditor # : 13 Citi P.O. Box 183113 Columbus OH 43218 | | | Credit Card Charges | | | | \$ 5,248.12 |
| Account No: Creditor # : 14 Daniel Wiant c/o Karen Eichman, Esquire 102 East State Street Kennett Square PA 19348 | | | 2013 Lawsuit | | | X | \$ 60,000.00 |
| Account No: Creditor # : 15 David C. Coppa 38 Hillside Avenue Upper Darby PA 19082 | | | 2013 Personal Loan | | | | \$ 4,980.00 |
| Account No: 4746 Creditor # : 16 Devon Preparatory School 363 North Valley Forge Road Devon PA 19333-1299 | | | 3/15/2009 Tuition | | | | \$ 20,690.48 |
| Sheet No. 3 of 9 continuation sheets at Creditors Holding Unsecured Nonpriority Claims | tached : | to Sc | chedule of (Use only on last page of the completed Schedule F. Repoil Schedules and, if applicable, on the Statistical Summary of Certain I | t also on Su | Tot | al \$ | \$ 95,281.60 |

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| In re Nicholas V. Coppa | , | Case No. | |
|-------------------------|---|----------|------------|
| Debtor(s) | | | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 6771 Creditor # : 17 Discover Fin Svcs LLC P. O. Box 15316 Wilmington DE 19850 | Co-Debtor | JJ | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 2004-03-21 Credit Card Charges | Contingent | Unliquidated | Disputed | Amount of Claim \$ 6,170.00 |
|--|--------------------|-------|---|--------------|--------------|----------|-----------------------------|
| Account No: Creditor # : 18 Felicia Coffey 2403 Merwood Lane Havertown PA 19083 | | | 2013 Personal Loan | | | | \$ 4,980.00 |
| Account No: Creditor # : 19 Frank Topper 50 Belardo Apartment 10 Greenbrae CA 94904 | | | 2013 Personal Loan | | | | \$ 10,000.00 |
| Account No: Creditor # : 20 Jean Milani 719 Harper Avenue Drexel Hill PA 19026 | | | 2013 Personal Loan | | | | \$ 4,980.00 |
| Account No: Creditor # : 21 Joan Drennen 171 Warwick Road Elverson PA 19520 | | | 2013 Personal Loan | | | | \$ 4,980.00 |
| Sheet No. 4 of 9 continuation sheets att Creditors Holding Unsecured Nonpriority Claims | ached [°] | to So | chedule of (Use only on last page of the completed Schedule F. Repor Schedules and, if applicable, on the Statistical Summary of Certain I | t also on Su | Tot | al \$ | \$ 31,110.00 |

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| In re Nicholas V. Coppa | , | Case No. | |
|-------------------------|---|----------|------------|
| Debtor(s) | | | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: Creditor # : 22 Justin J. Coppa 148 Ginger Avenue Birdsboro PA 19508 | Co-Debtor | W J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 2013 Personal Loan | Contingent | Unliquidated | Disputed | Amount of Claim \$ 4,980.00 |
|--|-----------|--------|--|------------|--------------|----------------|-----------------------------|
| Account No: Creditor # : 23 Kristine C. Howard 137 Chaning Avenue Malvern PA 19355 | | | 4/17/2013 Equitable Distribution | | | X | \$ 80,000.00 |
| Account No: 3306 Creditor # : 24 Sallie Mae P.O. Box 9655 Wilkes Barre PA 18773 | X | J | 2010-12-28 Student Loan | X | | | \$ 3,207.00 |
| Account No: 3306 Representing: Sallie Mae | | | National Enterprise Systems 29125 Solon Road Solon OH 44139-3442 | | | | |
| Account No: 3306 Representing: Sallie Mae | | | Navient Solutions, Inc. P.O. Box 9640 Wilkes Barre PA 18773-9640 | | | | |
| Sheet No. 5 of 9 continuation sheets attack Creditors Holding Unsecured Nonpriority Claims | ned t | to So | chedule of (Use only on last page of the completed Schedule F. Report also Schedules and, if applicable, on the Statistical Summary of Certain Liabilit | on Sur | Tota nma | al \$ ry of | \$ 88,187.00 |

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| In re_Nicholas V. Coppa | , | Case No. | |
|-------------------------|---|----------|------------|
| Debtor(s) | | | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| | _ | _ | T | _ | | _ | |
|---|-----------|------|--|------------|--------------|----------------|---|
| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | W- | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife | Contingent | Unliquidated | Disputed | Amount of Claim |
| | | С | Joint Community | | _ | Ľ | |
| Account No: 9898 Creditor # : 25 Sallie Mae P.O. Box 9655 Wilkes Barre PA 18773 | X | J | 2010-10-28 Student Loan | X | | | \$ 5,064.00 |
| Account No: 3314 | X | J | 2011-03-18 | X | | | \$ 8,599.00 |
| Creditor # : 26 Sallie Mae P.O. Box 9655 Wilkes Barre PA 18773 | | | Student Loan | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Account No: 3314 | | | | | | | |
| Representing: Sallie Mae | | | National Enterprise Systems 29125 Solon Road Solon OH 44139-3442 | | | | |
| Account No: 5510 | | J | 2011-03-10 | X | | | \$ 10,787.00 |
| Creditor # : 27 Sallie Mae Po Box 9655 Wilkes Barre PA 18773 | | | Student Loan | | | | |
| Account No: 5510 | | | | | | | |
| Representing: | | | Enterprise Recovery Systems 2000 York Road Suite 114 | | | | |
| Sallie Mae | | | Oak Brook IL 60523 | | | | |
| | | | | | | | |
| Sheet No. 6 of 9 continuation sheets attach Creditors Holding Unsecured Nonpriority Claims | ned t | to S | chedule of (Use only on last page of the completed Schedule F. Report also o Schedules and, if applicable, on the Statistical Summary of Certain Liabilitie | n Sur | Γota nma | al \$ ry of | \$ 24,450.00 |

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| In re Nicholas V. Coppa | Case No. |
|-------------------------|--------------|
| <u> </u> | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | J, | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|--------------------|------|---|-------------|--------------|----------|-----------------------|
| Account No: 3298 Creditor # : 28 Sallie Mae P.O. Box 9655 Wilkes Barre PA 18773 | X | | 2010-09-21 Student Loan | X | | | \$ 11,57 4 .00 |
| Account No: 3298 Representing: Sallie Mae | | | National Enterprise Systems 29125 Solon Road Solon OH 44139-3442 | | | | |
| Account No: 5337 Creditor # : 29 St. Aolysius Academy 401 S. Bryn Mawr Avenue Bryn Mawr PA 19010 | | | 7/29/2014 Tuition | | | | \$ 33,013.90 |
| Account No: 5337 Representing: St. Aolysius Academy | | | Grimley Financial 30 Washington Avenue Suite C-6 Haddonfield NJ 08033-3341 | | | | |
| Account No: 6854 Creditor # : 30 State Farm Financial Services 3 State Farm Plaza N-4 Bloomington IL 61791 | | | 2004-10-13 Credit Card Charges | | | | \$ 6,604.00 |
| Sheet No. 7 of 9 continuation sheets atta Creditors Holding Unsecured Nonpriority Claims | ached [°] | to S | Chedule of (Use only on last page of the completed Schedule F. Report Schedules and, if applicable, on the Statistical Summary of Certain Li | also on Sur | Tot | al \$ | \$ 51,191.90 |

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| In i | e Nicholas V. Coppa | , | (| Case No. | |
|------|---------------------|---|---|----------|--|
| | D = l = 4 =(=) | | | _ | |

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| | | | | _ | | | |
|--|-----------|--------|--|------------|--------------|----------|-----------------|
| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor | W J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community | Contingent | Unliquidated | Disputed | Amount of Claim |
| Account No: 6854 | | | | | | | |
| Representing: State Farm Financial Services | | | IC System 444 Highway 96 East P.O. Box 64378 Saint Paul MN 55164-0378 | | | | |
| Account No: 6854 | | | | | | | |
| Representing: State Farm Financial Services | | | Thomas A. Lee III, Esquire Becket and Lee, LLP P.O. Box 3001 Malvern PA 19355 | | | | |
| Account No: | | | | | | | \$ 45,249.35 |
| Creditor # : 31 TD Bank, N.A. c/o Jack Seitz, Esquire 7535 Windsor Drive Allentown PA 18195-1034 | | | Guarantor | | | | |
| Account No: 7524 | | | 2011-10-07 | | | X | \$ 227.00 |
| Creditor # : 32 Verizon Pennsylvania P.O. Box 11328 Saint Petersburg FL 33733 | | | telephone service | | | | |
| Account No: 7524 | | | | | | | |
| Representing: Verizon Pennsylvania | | | MIDLAND FUNDING 8875 AERO DR STE 200 SAN DIEGO CA 92123 | | | | |
| | | _ | | | | | |
| Sheet No. <u>8</u> of <u>9</u> continuation sheets attace Creditors Holding Unsecured Nonpriority Claims | hed 1 | to So | chedule of (Use only on last page of the completed Schedule F. Report also o | | Tota | al\$ | \$ 45,476.35 |
| | | | Schedules and, if applicable, on the Statistical Summary of Certain Liabilities | | | | |

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| In re Nicholas V. Coppa | , | Case No. | |
|-------------------------|---|----------|------------|
| Debtor(s) | | | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) Account No: 8167 | Co-Debtor | J | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. Husband Wife Joint Community 6/17/2014 | Contingent | Unliquidated | Disputed | Amount of Claim \$ 20,946.92 |
|---|-----------|-------|--|---------------|--------------|-----------------|---------------------------------|
| Creditor # : 33 Villa Maria Academy 370 Old Lincoln Highway Malvern PA 19355 | | | Tuition | | | | |
| Account No: 8167 Representing: Villa Maria Academy | | | Grimley Financial 30 Washington Avenue Suite C-6 Haddonfield NJ 08033-3341 | | | | |
| Account No: | | | | | | | |
| Account No: | | | | | | | |
| Account No: | | | | | | | |
| Sheet No. 9 of 9 continuation sheets attractions Holding Unsecured Nonpriority Claims | ached : | to So | chedule of (Use only on last page of the completed Schedule F. Repor Schedules and, if applicable, on the Statistical Summary of Certain L | t also on Sur | Tot | al \$ ary of | \$ 20,946.92 \$ 388,226.57 |

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| nre <i>Nicholas V. Co</i> | pppa | / Debtor | Case No. | |
|---------------------------|------|----------|----------|------------|
| | | | • | (if known) |

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

□ Check this box if the debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract. | Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract. |
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| nre Nicholas V. Coppa | / Debtor | Case No. | |
|------------------------------|----------|----------|------------|
| | | _ | (if known) |

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if the debtor has no codebtors.

| Name and Address of Codebtor | Name and Address of Creditor |
|------------------------------|------------------------------|
| Kristine Howard | Citimortgage Inc |
| 137 Channing Street | P.O. Box 9438 |
| Malvern PA 19355 | Gaithersburg MD 20898 |
| Rebecca Coppa | Sallie Mae |
| 7 Line Road | P.O. Box 9655 |
| Malvern PA 19355 | Wilkes Barre PA 18773 |
| | Sallie Mae |
| | P.O. Box 9655 |
| | Wilkes Barre PA 18773 |
| | Sallie Mae |
| | P.O. Box 9655 |
| | Wilkes Barre PA 18773 |
| | Sallie Mae |
| | P.O. Box 9655 |
| | Wilkes Barre PA 18773 |
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Case 15-12430-amc Doc 1 Filed 04/08/15 Entered 04/08/15 16:41:30 Desc Main Document Page 44 of 67

| Nicholas V. Coppa Nich | Fill in this information to identify | your case: | | | |
|---|--|--|--|--|---|
| Figures Mass Name Localization Localization | Debtor 1 Nicholas V. Coppa | | | | |
| Consultant Con | First Name | Middle Name | Last Name | | |
| Check if this is: Check if this is: A namended filing A supplement showing post-petition chapter 13 income as of the following date: MM / PD / YYYY | (Spouse, if filing) First Name | | | | |
| An amended filing A supplement showing post-petition chapter 13 income as of the following date: A supplement showing post-petition chapter 13 income as of the following date: | United States Bankruptcy Court for the: | EASTERN District o | f_PENNSYLVANIA | | |
| A supplement showing post-petition chapter 13 income as of the following date: MAY I DO YYYYY | | | | | |
| Official Form B 6I Schedule I: Your Income 12/13 Be as complete and accurate as possible. If two married people are filing together (Debter 1 and Debter 2), both are equally responsible for supplying correct information. If you are married and not filing piontly, and your spouse is hiring with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional information. If you have more than one job, attach a separate page with information about additional employers. Occupation may include student or homemaker, if it applies. Employer's name Employer's name Employer's name Employer's address 1301 North Broad Street Number Street Philadelphia PA 19122 City State ZIP Code City State ZIP Code City State | , | | | | _ |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse is not filing with you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, state ha separate page with information about your spouse. If you have more than one job, state has separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it spplies. Employer's name Employer's address Employer's address 1801 North Broad Street Number Street Number Street Number Street How long employed there? I month Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse. 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. Estimate and list monthly overtime pay. | | | | | |
| Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse if you are separated and your spouse is not filling with you, do not include information about your spouse. If you are spearated and your spouse is not filling with you, doe not include information of not include information as your spouse in the proposed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Pert 2: Give Details About Monthly Income Employer's address Employer's address Isolately part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Philadelphia PA 19122 City State ZIP Code City State ZIP Code How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you prove non-filing spouse have more than one employer, calculate what the monthly wage would be. 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. | Official Form B 6I | | | MM / | / DD / YYYY |
| Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse if you are separated and your spouse is not filling with you, do not include information about your spouse. If you are spearated and your spouse is not filling with you, doe not include information of not include information as your spouse in the proposed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Pert 2: Give Details About Monthly Income Employer's address Employer's address Isolately part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Philadelphia PA 19122 City State ZIP Code City State ZIP Code How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you prove non-filing spouse have more than one employer, calculate what the monthly wage would be. 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. | Schedule I: You | ır Income | | | 12/13 |
| supplying correct information. If you are separated and your spouse is filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if if applies. Employer's name Employer's name Employer's address Temple University Philadelphia PA 19122 City State ZIP Code How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse bave more than one employer, combine the information for all employers for that person on the lines below. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. | | | nlo are filing toget | hor (Dobtor 1 and Do | |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may Include student or homemaker, if it applies. Employer's name Employer's name Employer's name Employer's address 1801 North Broad Street Number Street Number Street Number Street Number Street How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$8333.00 \$0.00 3. Estimate and list monthly overtime pay. | supplying correct information. If you fe you are separated and your spou separate sheet to this form. On the | ou are married and not filingse is not filingse is not filing with you, of top of any additional pag | ng jointly, and you lo not include info | r spouse is living wit rmation about your s | h you, include information about your spouse pouse. If more space is needed, attach a |
| If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may Include student or homemaker, if it applies. Employer's name Employer's name Employer's name Employer's address 1801 North Broad Street Number Street Number Street Number Street Number Street How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$8333.00 \$0.00 3. Estimate and list monthly overtime pay. | | | | | |
| attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Compation Employer's name Employer's name Employer's address 1801 North Broad Street Number Street Philadelphia PA 19122 City State ZIP Code How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$8333.00 \$0.00 3. Estimate and list monthly overtime pay. 3. +\$0.00 +\$0.00 | | | Debtor 1 | | Debtor 2 or non-filing spouse |
| Occupation may Include student or homemaker, if it applies. Employer's name | attach a separate page with information about additional | Employment status | _ ' ' | d | · · · |
| Cocupation may Include student or homemaker, if it applies. Employer's name | | | Consultant | | |
| Employer's address Temple University | | Occupation | Consultant | | |
| Philadelphia PA 19122 City State ZIP Code City State ZIP Code How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 + \$ 0.00 | or nomemaker, if it applies. | Employer's name | Temple Univers | sity | |
| Philadelphia PA 19122 City State ZIP Code City State ZIP Code How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 + \$ 0.00 | | Employer's address | 1801 North Bro | ad Street | |
| City State ZIP Code How long employed there? 1 month Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 + \$ 0.00 | | Employer 3 address | | | Number Street |
| City State ZIP Code How long employed there? 1 month Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 + \$ 0.00 | | | | | |
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| How long employed there? 1 month Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 + \$ 0.00 | | | <u>.</u> | | City State 7ID Code |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$\frac{0.00}{0.00} + \frac{0.00}{0.00} | | How long employed ther | | State ZIF Code | City State ZIP Code |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{8333.00}{9.00} \frac{9.000}{9.00} \frac{9.000}{9.00} \frac{9.000}{9.00} \frac{9.000}{9.00} \frac{9.000}{9.00} \frac{9.000}{9.00} \ | | | <u> </u> | | |
| spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{8333.00}{9.000} \frac{9.00}{9.000} 3. Estimate and list monthly overtime pay. 3. +\frac{9.00}{9.000} + \frac{9.00}{9.000} | Part 2: Give Details About | Monthly Income | | | |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\frac{8333.00}{5.000} \frac{0.00}{5.000}\$ 3. Estimate and list monthly overtime pay. 3. +\frac{0.00}{5.000} + \frac{0.00}{5.000}\$ | | | . If you have nothing | g to report for any line | , write \$0 in the space. Include your non-filing |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. For Debtor 1 For Debtor 2 or non-filing spouse 2. \$8333.00 \$0.00 3. +\$0.00 + \$0.00 | If you or your non-filing spouse ha | ave more than one employe | , | mation for all employer | rs for that person on the lines |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 + \$ 0.00 | solom ir you noou more space, an | | | For Debtor 1 | For Debtor 2 or |
| deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\\ 8333.00 \\ 3. Estimate and list monthly overtime pay. 3. +\$\\ 0.00 \\ 0.00 | o Lint mandala and | | fana all a securi | | non-filing spouse |
| σοσο οο | | | | 2. \$ 8333.00 | \$0.00_ |
| 4. Calculate gross income. Add line 2 + line 3. 4. \$\\\ \\$\\\\ \\$\\\\\\\\\\\\\\\\\\\\\ | 3. Estimate and list monthly over | time pay. | | 3. + \$0.00 | + \$0.00_ |
| | 4. Calculate gross income. Add lin | ne 2 + line 3. | | 4. \$\\\\$\\\\\$\\\\\\$\\\\\\\$\\\\\\\\\\\\\\ | \$0.00_ |

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Case number (if known)

Debtor 1

Nicholas V. Coppa

Last Name Middle Name For Debtor 1 For Debtor 2 or non-filing spouse 8333.00 0.00 Copy line 4 here..... 5. List all payroll deductions: 0.00 1660.00 5a. Tax, Medicare, and Social Security deductions 5a. 0.00 0.00 5b. Mandatory contributions for retirement plans 5b. \$_ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 0.00 5d. Required repayments of retirement fund loans 5d. 290.00 0.00 5e. Insurance 5e. 0.00 886.00 5f. Domestic support obligations 5f. 0.00 0.00 5g. Union dues 5g. 0.00 0.00 5h. Other deductions. Specify: 5h. 0.00 2836.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 0.00 5497.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 8a. monthly net income. 0.00 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 8d. 0.00 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance 0.00 0.00 that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 0.00 8g. Pension or retirement income 8g. 0.00 0.00 8h. Other monthly income. Specify: 8h. +\$ 0.00 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$ Calculate monthly income. Add line 7 + line 9. 5,497.00 5497.00 0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. + \$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5497.00 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

| Fill in this information to identify your case: | | | | | | | |
|---|------------------------------|-------------|--------------|--|--|--|--|
| Debtor 1 | Nicholas V. Coppa | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankr | uptcy Court for the: EASTERN | District of | PENNSYLVANIA | | | | |
| Case Number (if known) | | | | | | | |

Form B 6I **Schedule I: Your Income** – **Continuation Page** All figures below are included in the total on Line 12 of Schedule I

1. Additional employment information.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--|---------------------------------|-------------------------------|
| Occupation (2) | Scientist | |
| Employer's name | Nanomaterials Company, LLC | |
| Employer's address | 15 North Bacton Hill Road | |
| | Number Street | Number Street |
| | Malvern PA 19355 | |
| | City, State and Zip | City, State and Zip |
| How long employed there? | 15 years | |
| Occupation (3) | | |
| Employer's name | | |
| Employer's address | Number Street | Number Street |
| | | |
| | | |
| | City, State and Zip | City, State and Zip |
| How long employed there? | | |
| 5h. Other deductions | | |
| Specify: | | |
| Specify: | | |
| 8f. Other government assistance that you re Specify: | gularly receive | |
| Specify: | | |
| 8h. Other monthly income | | |
| Specify: | | |
| Specify: | | |
| 11. Other regular contributions to the expens | ses that you list in Schedule J | |
| Specify: | | |
| Specify: | | |
| | | |

Form B 6l Continuation Page Page 1

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| Fill in this information t | to identify your case: | | | | | |
|--|---|------------------|----------------|----------------------------|-----------------|-------------------------------|
| Debtor 1 Nicholas V. | | | | | | |
| First Name | Middle Name | Last Name | | Check if this is: | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | An amended fi | - | |
| United States Bankruptcy Co | ourt for the: EASTERN Dis | strict of PENNSY | LVANIA | A supplement expenses as o | | petition chapter 13 gate: |
| Case number | | | | MM / DD / YYYY | | |
| (If known) | | | | | | 2 because Debtor 2 |
| Official Form B | 6J | | | maintains a se | parate housel | hold |
| Schedule J | : Your Expens | ses | | | | 12/13 |
| _ | urate as possible. If two married ce is needed, attach another sh v question. | | | | | - |
| Part 1: Describe | Your Household | | | | | |
| Is this a joint case? | | | | | | |
| No. Go to line 2. | ? live in a separate household? | | | | | |
| No | inve in a separate nouseholu: | | | | | |
| | r 2 must file a separate Schedule | J. | | | | |
| 2. Do you have depender | nts? No | | | | | |
| Do not list Debtor 1 and Debtor 2. | | | Debtor 1 or De | relationship to ebtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the depend | • | | D | aughter | 14 | No No |
| names. | | | | Son | 12 | Yes No |
| | | | | | | Yes |
| | | | | | | No |
| | | | | | | Yes |
| | | | | | | ∐ No |
| | | | | | | Yes |
| | | | | | | No Yes |
| Do your expenses inclease of people of | her than | | | | | |
| yourself and your depo | andents? 100 | | | | | |
| Part 2: Estimate Yo | our Ongoing Monthly Expen | ses | | | | |
| expenses as of a date aft | as of your bankruptcy filing da ter the bankruptcy is filed. If thi | - | _ | | = | |
| applicable date. | or with non-cash government a | ssistance if you | ı know the val | lue | | |
| • | nave included it on Schedule I: | - | | | Your expe | nses |
| 4. The rental or home over any rent for the ground | wnership expenses for your res I or lot. | sidence. Include | first mortgage | payments and 4. | \$ | 2150.00 |
| If not included in line | 4: | | | | | |
| 4a. Real estate taxes | , | | | 4a. | \$ | 0.00 |
| 4b. Property, homeov | wner's, or renter's insurance | | | 4b. | \$ | 0.00 |
| 4c. Home maintenand | ce, repair, and upkeep expenses | | | 4c. | \$ | 200.00 |
| 4d Homeowner's ass | sociation or condominium dues | | | 44 | Φ. | 0.00 |

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Debtor 1

Nicholas V. Coppa

First Name Middle Name Last Name Case number (if known)______

| | | Your ex | penses |
|--|------|---------|--------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 656.16 |
| 6. Utilities: | o. | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 230.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 115.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 285.00 |
| 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. | \$ | 700.00 |
| 8. Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | 125.00 |
| Personal care products and services | 10. | \$ | 0.00 |
| Medical and dental expenses | 11. | \$ | 0.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 450.00 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. Charitable contributions and religious donations | 14. | \$ | 0.00 |
| Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | 0.00 |
| 15b. Health insurance | 15b. | \$ | 0.00 |
| 15c. Vehicle insurance | 15c. | \$ | 130.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 7. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I). | 18. | \$ | 0.00 |
| 9. Other payments you make to support others who do not live with you. | 19. | \$ | 0.00 |
| Specify: | 13. | Φ | |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc. | ome. | | 2.22 |
| 20a. Mortgages on other property | 20a. | \$ | |
| 20b. Real estate taxes | 20b. | \$ | |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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| ebtor 1 | Nicholas \ | Nicholas V. Coppa | | Case number (if known) | | | | |
|----------|----------------------------------|--------------------|--|------------------------|-----|---------|--|--|
| | First Name | Middle Name | Last Name | | | | | |
| . Oth | er. Specify: | | | _ 21. | +\$ | 0.00 | | |
| | ır monthly exper | | • | | \$ | 5041.16 | | |
| The | result is your mor | nthly expenses. | | 22. | | | | |
| 3. Calcı | ulate your montl | hly net income | | | | 5407.00 | | |
| 23a. | Copy line 12 (ye | our combined m | onthly income) from Schedule I. | 23a. | \$ | 5497.00 | | |
| 23b. | Copy your mon | thly expenses fr | om line 22 above. | 23b. | -\$ | 5041.16 | | |
| 23c. | Subtract your m | nonthly expense | s from your monthly income. | | | 455.84 | | |
| | The result is you | ur monthly net i | ncome. | 23c. | \$ | 400.04 | | |
| For e | example, do you ogage payment to | expect to finish p | pease in your expenses within the year or paying for your car loan within the year or rease because of a modification to the t | or do you expect your | | | | |
| | es. Explain h | ere: | | | | | | |

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Document Page 50 of 67 UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA EASTERN DIVISION

| In re:Nicholas V. Coppa | Case No. |
|-------------------------|------------|
| Debtor | (if known) |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not diclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor my also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

None

 \boxtimes

Year to date: \$24,999 Temple University
Last Year: \$24,999 Temple University

Year before: (\$44,334) Loss with Nanomateials Company, LLC

2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Creditor:Seterus, Inc.

4/7/2015

\$1,907.78

\$207,500.00

Address: P.O. Box 11790, Newark,

NJ 07101

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filingunder chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

, 2014

AMOUNT PAID

AMOUNT STILL OWING

Creditor: Jim & Felicia Coffey

Address:2403 Merwood Lane,

Havertown, PA 19083-1505

Relationship: Sister and Brother-in-

law

July/August

\$1,300.00

\$0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List a

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

Harold and Valerie Sheinbach and Frazer Industrial

Landlord/Tenant

Chester County,
Pennsylvania Court
of Common Pleas

Stayed

v.

park

Nanomaterials Company, LLC and Nicholas V. Coppa

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 - (Official Case 45) 12430-amc Doc 1 Filed 04/08/15 Entered 04/08/15 16:41:30 Desc Main Page 52 of 67 COURT OR AGENCY Document NATURE OF CAPTION OF SUIT AND CASE NUMBER STATUS OR DISPOSITION PROCEEDING Case #13-12101 National Bank of Chester County, Mortgage Stayed Malvern Foreclosure Pennsylvania Court of Common Pleas Nicholas V. Coppa Case #14-07499 TD Bank Confession of Chester County, Stayed Judgment Pennsylvania Court of Common Pleas Nicholas V. Coppa Case #13-02676 Kristine Howard Divorce Chester County, Divorce has been Pennsylvania entered, however, Court of Common custody-related Pleas matters continue Nicholas V. Coppa Case #13-03260 Chester County, CitiMortgage Mortgage Stayed Foreclosure Pennsylvania Court of Common Pleas Nicholas V. Coppa Kristine Howard Case #13-12653 Breach of Contract Kim S. Paul, Dean Chester County, Case was dismissed M. Lusky and Karl Pennsylvania Court against the Debtor V. Chandler of Common Pleas b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS OF PERSON FOR DATE OF WHOSE BENEFIT PROPERTY WAS SEIZED DESCRIPTION AND VALUE OF PROPERTY SEIZURE Name: Kristine Howard 7/31/2014 Description: Checking Account Value: \$112.00. These funds were Address: 137 Channing Avenue, Malvern, PA 19355 taken by Chester County Domestic

Relations on Septmber 4, 2014, at a

NAME AND ADDRESS OF PERSON FOR

WHOSE BENEFIT PROPERTY WAS SEIZED

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SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

time when the automatic stay was in place.

5. Repossessions, foreclosures and returns

None \boxtimes

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None \boxtimes

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filling under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None \bowtie

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None \boxtimes

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None \boxtimes

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, AMOUNT OF MONEY OR NAME OF PAYER IF OTHER THAN DEBTOR DESCRIPTION AND VALUE OF PROPERTY

Payee: Robert J. Lohr II

Address:

1246 West Chester Pike

Suite 312

West Chester, PA 19382

Date of Payment: 4/7/2015 \$575.00

Payor: Nicholas V. Coppa

Payee: Debtorcc Date of Payment: 2/23/2015 \$9.95

Address: 378 Summit Avenue, Payor: Debtor

Jersey City, NJ 07036

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| | _ | | | | _ |
|----|-----|-----|-----|------|-------|
| 11 | n 1 | Ot. | her | tran | efore |

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include

transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS

OF TRANSFEREE, DATE DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

RELATIONSHIP TO DEBTOR

Transferee: WRTI 12/2014 Property: 1995 Ford Taurus - inoperable

Address:1509 Cecil B. Moore Value: scrap, however, the debtor received a

Avenue, Philadelphia, PA 19121 \$500 tax credit for this donation.

Relationship: None - Radio

station

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a benificiary. \boxtimes

11. Closed financial accounts

None \boxtimes

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

 \boxtimes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None \boxtimes

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Description: Harp, Prints and

14. Property held for another person

List all property owned by another person that the debtor holds or controls. None

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION OF PROPERTY

Owner: Jean Milani

Address: 748 South Highland furniture Avenue, Merion, PA 19066 Value: \$5,000

Debtor's sister are located in the Debtor's residence.

These items that

belong to the

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NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

Owner: Kristine Howard

Address: 137 Channing Avenue,

Malvern, PA 19355

Description: Various personal property

Value: \$2,000

These personal property items were never removed from the Debtor's house after the Debtor and his ex-wife were divorced.

Owner: Justin Coppa

Address: 148 Ginger Drive,

Birdsboro, PA 19058

Description:Piano Value: \$25,000

Debtor's residence

15. Prior address of debtor

None \boxtimes

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None \boxtimes

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None \boxtimes

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulations the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor.

including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar termunder an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None \boxtimes

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None \boxtimes

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the all businesses commencment of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencment of this case.

NAME

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

ADDRESS

NATURE OF BUSINESS

BEGINNING AND

ENDING DATES

Nanomaterials Company, LLC

ID:23-2992687

15 North Bacton Hill Road, Malvern, PA

nanomaterials

2/22/1999 to present.

19355

None \boxtimes

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

Name: Vincent Graham, CPA

proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

Address:31 S. High Street, West Chester, PA 19382

Name: Bookkeeping Express, Michael Foster Address: 2809 West Chester Pike, Broomall, PA

19008

 \boxtimes

Dates: 2011 to 2013

Dates: 2004 to 2012

None b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

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| None | c. List all firms or individuals who at the time any of the books of account and records are not available. | of the commencement of this case were in possession of the ailable, explain. | books of account and records of the debtor. If |
|----------|---|--|--|
| NAME | | ADDRESS | |
| | Nicholas V. Coppa ing:None | 7 Line Road, Malvern, PA 1935 | 55 |
| None | d. List all financial institutions, creditors and ot within two years immediately preceding the comme | her parties, including mercantile and trade agencies, to whom a encement of this case. | a financial statement was issued by the debtor |
| None | 20. Inventories a. List the dates of the last two inventories to amount and basis of each inventory. | aken of your property, the name of the person who supervise | d the taking of each inventory, and the dollar |
| None | b. List the name and address of the person having | possession of the records of each of the inventories reported in a., at | pove. |
| None | 21. Current Partners, Officers, Direct a. If the debtor is a partnership, list the nature and partnership. | tors and Shareholders percentage of partnership interest of each member of the partnership |). |
| <u> </u> | AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
| | ess: | Interest:Member | Percent:60 % |
| Addre | | Interest:Member | Percent:12 % |
| | | Interest:Member | Percent:8% |
| Name: | William T. Mayer, Jr. | Interest:Member | Percent:2% |

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NAME AND ADDRESS NATURE OF INTEREST **PERCENTAGE** OF INTEREST

Address:1655 Limerick Lane,

Dresher, PA 19025

Address: Address:

Name: Nenito P. Uy

Address:1497 Broad Run Road,

Downingtown, PA 19335

Address: Address:

Name: Dean M. Lusky

Address: 8 Pinewood Drive, Downingtown, PA 19335

Address:

Name: Frank J. Bonini

Address:113 Eat Laurier Place, Bryn

Mawr, PA 19010

Address: Address:

Name: John T. Freyhof

Address: 611 Vassar Hill Road,

Wayne, PA 19087

Address: Address:

Name: Karl. V. Chandler

Address: 5 Plymouth Road, Newtown

Square, PA 19073

Address: Address:

None

None \boxtimes

None

 \boxtimes

 \boxtimes

Interest: Member

Interest: Member

Interest: Member

Interest: Member

Percent: 4%

Percent: 4%

Percent:1%

Percent:5%

Interest: Member Percent: 4%

22. Former partners, officers, directors and shareholders

percent or more of the voting or equity securities of the corporation.

a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5

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| 23. Withdrawals from a partner | ship or distribution by a corporation | | | | |
|--|--|---|--|--|--|
| None If the debtor is a partnership or corpora | | | | | |
| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTO | DR DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY | | | |
| Name:Nicholas V. Coppa Address:7 Line Road, Malvern, PA 19355 Relation: | Date:August - October, 2013 Purpose:Compensation | Amount: Description:Wages | | | |
| · | name and federal taxpayer-identification number of the parer any time within six years immediately preceeding the commencer | | | | |
| | e name and federal taxpayer-identification number of any pen hin six years immediately preceding the commencement of the ca | | | | |
| [If completed by an individual or individual and s | spouse] | | | | |
| I declare under penalty of perjury that I have reach they are true and correct. | d the answers contained in the foregoing statement of finan | cial affairs and any attachments thereto and that | | | |
| | Signature /s/ Nicholas V. Coppa of Debtor | | | | |
| Date | Signatureof Joint Debtor | | | | |

(if any)

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DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

| I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 34(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. | | |
|---|---|--|
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer | Social-Security No.(Required by 11 U.S.C. § 110.) | |
| If the bankruptcy petition preparer is not an individual, state the name, title (if any), a person, or partner who signs this document. | address, and social-security number of the officer, principal,, responsible | |
| Address | | |
| X | Date | |
| Names and Social-Security numbers of all other individuals who prepared or assisted not an individual: | d in preparing this document unless the bankruptcy petition preparer is | |
| | | |

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

Rule 2016(**Case** 15-12430-amc Doc 1 Filed 04/08/15 Entered 04/08/15 16:41:30 Desc Main Document Page 61 of 67

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA EASTERN DIVISION

| In re | Nicholas V. | Coppa | | | | Case No Chapter | |
|-------|----------------------|-----------|---------|--|----------|--------------------|--|
| | | | | | / Debtor | | |
| | Attorney for Debtor: | Robert J. | Lohr II | | • | | |

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

- 1. The undersigned is the attorney for the debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
- 3. \$ 310.00 of the filing fee in this case has been paid.
- 4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
- 5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

None other

6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

None other

7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:

None

8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

None

Dated: 4/ 7/2015 Respectfully submitted,

X/s/ Robert J. Lohr II

Attorney for Petitioner: Robert J. Lohr II

Lohr & Associates, Ltd.

1246 West Chester Pike
Suite 312

West Chester PA 19382

(610) 701-0222

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA EASTERN DIVISION

In re Nicholas V. Coppa

Case No.

| | Chapter 13 |
|--|--|
| | / Debtor |
| Attorney for Debtor: Robert J. Lohr II | |
| <u>VERIFIC</u> | ATION OF CREDITOR MATRIX |
| The above named Debtor(s) her | reby verify that the attached list of creditors is true and correct to the |
| best of our knowledge. | |
| e: 4 / 7/2015 | /s/ Nicholas V. Coppa |

Debtor

American Express P. O. Box 297871 Fort Lauderdale, FL 33329

American Express c/o Becket and Lee, LLP P.O. Box 3001 Malvern, PA 19355

American InfoSource, LP as Agent for Verizon P.O. Box 248838 Oklahoma City, OK 73124-8838

Anthony J. Coppa 122 Clearfield Avenue Norristown, PA 19403-1658

Anthony P. Coppa 784 South Highland Avenue Merion Station, PA 19066

Cerastes, LLC c/o Weinstein, Pinson & Riley, 2001 Western Avenue, Suite 400 Seattle, WA 98121

Chase P.O. Box 15298 Wilmington, DE 19850

Chester County DRS 117 W Gay St West Chester, PA 19380 Citi P.O. Box 183113 Columbus, OH 43218

Citimortgage Inc P.O. Box 9438 Gaithersburg, MD 20898

Daniel Wiant c/o Karen Eichman, Esquire 102 East State Street Kennett Square, PA 19348

David C. Coppa 38 Hillside Avenue Upper Darby, PA 19082

Devon Preparatory School 363 North Valley Forge Road Devon, PA 19333-1299

Discover Fin Svcs LLC P. O. Box 15316 Wilmington, DE 19850

Enterprise Recovery Systems 2000 York Road Suite 114 Oak Brook, IL 60523

Felicia Coffey 2403 Merwood Lane Havertown, PA 19083 Frank Topper 50 Belardo Apartment 10 Greenbrae, CA 94904

Grimley Financial 30 Washington Avenue Suite C-6 Haddonfield, NJ 08033-3341

IC System 444 Highway 96 East P.O. Box 64378 Saint Paul, MN 55164-0378

Jean Milani 719 Harper Avenue Drexel Hill, PA 19026

Joan Drennen 171 Warwick Road Elverson, PA 19520

Justin J. Coppa 148 Ginger Avenue Birdsboro, PA 19508

Kristine C. Howard 137 Chaning Avenue Malvern, PA 19355

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National Enterprise Systems 29125 Solon Road Solon, OH 44139-3442

Navient Solutions, Inc. P.O. Box 9640 Wilkes Barre, PA 18773-9640

Pennsylvania Department of Revenue Bankruptcy Division P.O. Box 280946 Harrisburg, PA 17128-0946

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Sallie Mae Po Box 9655 Wilkes Barre, PA 18773

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Seterus, Inc. P.O. Box 2008 Grand Rapids, MI 49501-2008 St. Aolysius Academy 401 S. Bryn Mawr Avenue Bryn Mawr, PA 19010

State Farm Financial Services 3 State Farm Plaza N-4 Bloomington, IL 61791

TD Bank, N.A. c/o Jack Seitz, Esquire 7535 Windsor Drive Allentown, PA 18195-1034

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Villa Maria Academy 370 Old Lincoln Highway Malvern, PA 19355

William L. Howard, Esquire 18 West King Street Malvern, PA 19355